

'Infection curriculum '

Susie Alleyne

BIA trainees rep

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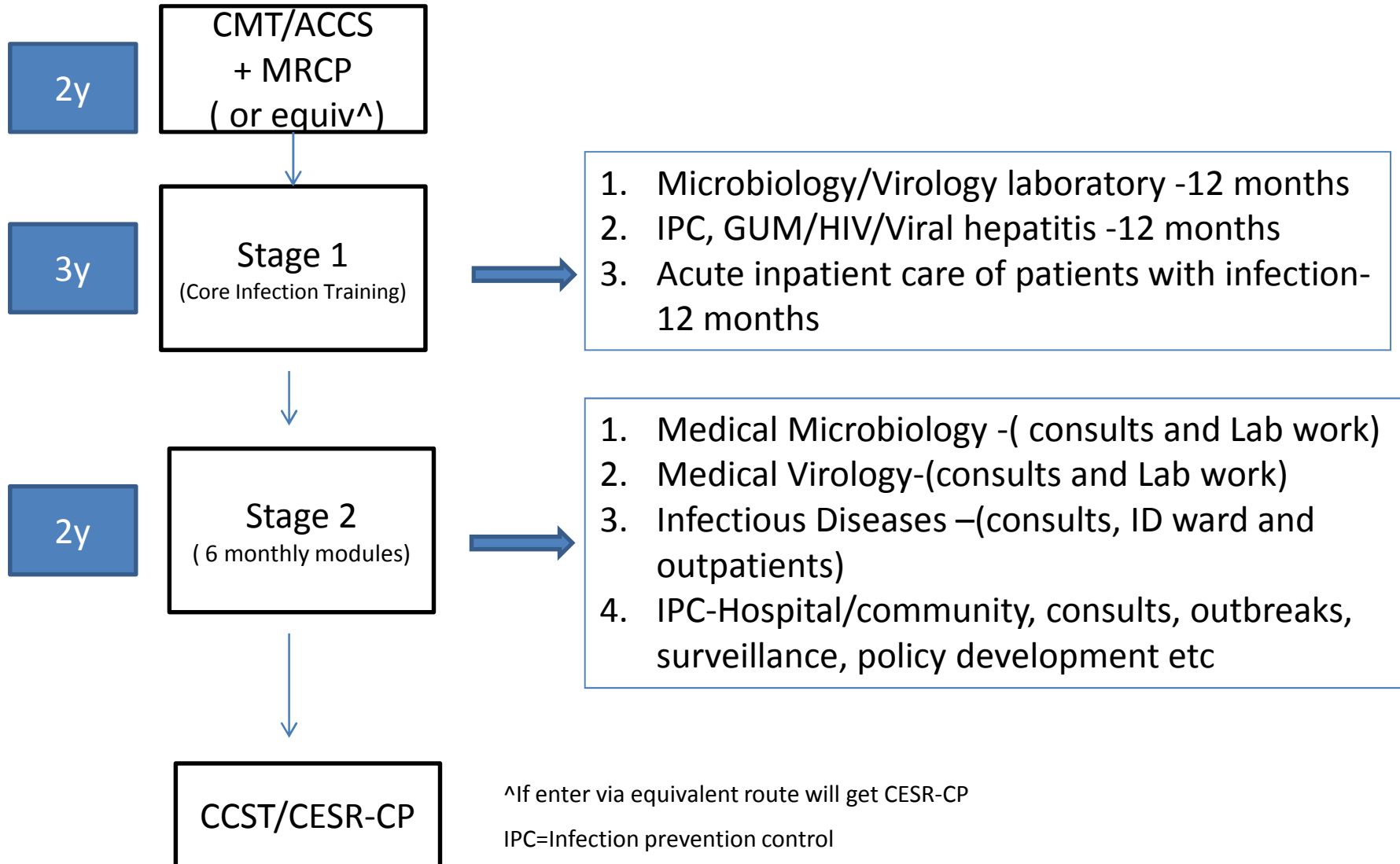
Aim of new curriculum

- De duplication of the ID and MM/MV curricula
- Standardize core (clinical and laboratory) knowledge in Infection specialties
- Increased training opportunities- I.e. essentially can do ID/MM/MV equiv AND GIM, which is not currently available
- Maintain training standards to equal/improve on current ID, MM, MV curricula
- Increase consultant opportunities at end of training
- Meet the demands of commissioners and the change in service delivery in the future

Structure

Indicative duration

Activity



Stages

- Stage 1: competencies and experience may be overlapping
- Stage 2:
 - Need to do > 2 modules
 - 1 module can not be for > 18/12
 - Be aware that ID module entry will be restricted dependent on no of places available to train

Stage 1-Core infection training

- Microbiology/virology
 - Laboratory training including laboratory bench rounds ,
 - Ward-based consults practice, e.g. ITU, haematology, oncology, renal medicine, paediatrics, transplantation specialties
 - Telephone consults
 - Liaison with Infection prevention and control practitioners
- Genito-urinary/HIV medicine : Routine male and female clinics; contact clinics

Stage 1- Core Infection training

- Acute medical care - a selection of acute and outpatient experience from
 - Unselected medical 'take'
 - inpatient care of patients with infection including those on dedicated Infectious Disease units **and other specialty services such as Respiratory Medicine, Hepatology, Gastroenterology, MAU ,ITU and elderly care.**
 - Outpatient experience
 - Infectious diseases
 - HIV clinics
 - Viral hepatitis clinics (Infectious Diseases or Hepatology)
 - Tuberculosis clinic
 - Travel clinic
 - General medicine (or related specialty)
 - Dermatology
 - Ward-round experience, e.g. ITU, haematology, oncology, renal medicine, paediatrics, transplantation specialties, NNU

Transferring previous experience

1. Training undertaken in non-EU/EEA OR EU/EEA countries (non GMC approved), prior to entry to an Infection training programme- **leads to CESR CP if start at ST3. If decides to start again at CMT- will get CCT**
2. Training undertaken in GMC approved UK specialist training programmes, prior to entry to an Infection training programme can apply to have the relevant competencies gained in previous clinical training recognised (at ST4 stage)- **still lead to CCT**
3. If already started on old ID /MM /MV or ID and GIM curriculum would be able to transfer to new curriculum

Optional extras!

- GIM CCT- Extra 1 year
- Tropical CCT – must fulfill 1yr in approved overseas post, DTMH and Stage 2 in approved centre – i.e. Liverpool, Birmingham, London.
- Academic trainees – Need to complete Infection curriculum + academic requirements

OOP-out of programme

- Research
 - OOPR is encouraged.
 - Will no longer be able to count research up to 1 year of training.
- Clinical /lab experience
 - OOPE **can count towards training**
 - Should take place pre OR post Stage 1 (i.e. not during ST 3-5)
- ALL MUST BE APPROVED by Deanery/GMC/Infection training board before start

Assessments/Examination

- Online training portfolio
- ARCP/PYA – remain the same
- WPBA
- Mandatory external examination
- Optional examination DTM/H and DipHIV

Proposed plan

Current compulsory Micro/ID exams

- Year 1 OSPE
- FRCpath Part 1
- FRCpath Part 2 written
- ID SCE

- FRCpath 2.5 day wet practical



Proposal

- x1 Written Exam
- Taken from 30/12 after starting Infection training

- OSPE/OSCE
- Taken after start of Stage 2

- Further external assessment
- at ST6/7

Still to be decided

- Curriculum not been finalised yet
- Still high level discussions are taking place
 - GMC/DOH/College presidents/COPMED
- Date of implementation of the curriculum
- Name of CCT-Aim is to have a single 'Infection' CCT
- Governing body of the new curriculum
 - mixture of JRCPTB/RCP and RCPATH or JCITM

Timescales

- Key milestones to be completed by summer 2011:
 - Finalise the curriculum
 - Agree the assessment systems
 - Agree the governance and ownership
 - Apply for a new CCT
- After ownership and governance issues have been clarified, the lead will start the application to the DH for initiating a new CCT.
- It was noted that this usually takes about 12-18 months, so the working party are keen for resolution of this issue.

Changes we have been involved in

- Increased duration from 4 years to 5 years
- Broadened entry criteria to training programme- i.e. CMT and MRCP equivalents
- Removed 'hospital at night' from curriculum

Your concerns

- What are you worried about
- What questions do you want me to take back to the committee
- If you want to follow progress. The minutes of the meetings can be found at:

<http://www.aomrc.org.uk/academy-infection-training-working-party/aitwp-documents.html>

UP DATE- as of 31.5.11

Excerpt from AITWP meeting

- After clarity on the concerns and different viewpoints, a discussion ensued resulting in the following agreements:
- i) Support for the development of a single CCT in infection
- ii) Training should consist of 2 years CMT, followed by 4 years of infection training followed by a final year of specialisation leading to a subspecialty to append to the infection CCT.
- iii) Both the curricula and the common assessment system need further work that will be led by Professor Burr and Dr Bailey.
- iv) Professor Burr and Dr Bailey will have further discussions with (a) Dr Miller to clarify concerns about some modifications to the training programme and (b) trainees to address their anxieties via Dr Alleyne and the Chairs from the relevant colleges on the AoMRC Trainee Doctors' Group.

UP DATE 2. 14.6.11

- Meeting took place with Professor Bill Burr (Medical Director, JRCPTB), Dr. David Bailey (Dir of Training and Educational Standards, RCPATH), Dr. Martin Gill (Chair MM CATT)- , Dr. Alastair Miller (Chair ID SAC)
- The outcome of this meeting is that there are still no firm decisions on the format.
 - A further meeting to follow